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**CERTIFICATION FORM FOR PROTRACTS CONTRACTS  
WITHOUT PRACTICES IN ARREARS**

I have reviewed contract number \_\_\_\_\_ and the remaining balance  
is needed to carry out the terms and conditions of this existing contract.

\_\_\_\_\_  
*Name of Authorizing Official*

\_\_\_\_\_  
*Title of Authorizing Official*

\_\_\_\_\_  
*Field Office*

\_\_\_\_\_  
New Mexico  
*State*

\_\_\_\_\_  
*Signature of Authorizing Official*

\_\_\_\_\_  
*Date*